

25

years of
EMPOWERMENT
and
ADVOCACY



2002 Annual Report

A Letter from the Commission Chair

Since 1978, the members of the Indiana Protection and Advocacy Services (IPAS) Commission have dedicated their efforts to the protection and promotion of the rights of individuals with disabilities by providing advocacy services to individuals with disabilities, their families and advocates. These efforts would not have been possible without the support, direction and work of several organizations and countless individuals.

IPAS was established in 1977 in response to federal requirements for a program to advocate for the rights of individuals with developmental disabilities. Since then, five more programs have been added. The staff and programs of Administration on Developmental Disabilities, are part of the Administration for Children and Families, of the U.S. Department of Health and Human Services.

Integral to protection and advocacy for the rights of individuals with disabilities are the members of the Indiana Protection and Advocacy Services Commission. In order to focus its efforts and resources, each year the commission establishes priorities for each of the programs it administers. I want to express appreciation to my colleagues on the Commission for their continued dedication and hard work as they continue to provide leadership and direction. I want to also express my appreciation to the members of the Mental Illness Advisory Council for their continued willingness to serve by lending their expertise and advice regarding mental health issues. Their recommendations formed the basis of our advocacy work under the Protection and Advocacy for Individuals with Mental Illness Program.

I also want to acknowledge the work of the staff of Indiana Protection and Advocacy Services. Over the past 25 years, IPAS staff have worked very hard and effectively to empower thousands of Hoosiers with disabilities and their families as they strive to live their lives as independently and productively as possible. Through providing information and referral, individual and systemic advocacy or legal representation, the IPAS staff seek ways to empower clients through assisting or providing them with effective approaches to problem resolution.

As we reflect on the past 25 years, we realize how much progress has been made. Advancements in the area of disability rights can be measured in the passage and implementation of federal legislation that assures the rights of individuals with disabilities. Legislation such as the Developmental Disabilities and Bill of Rights Act, The Rehabilitation Act, The Mental Illness Act, and the Americans with Disability Act, all represent hallmarks in the promotion of the civil rights of individuals with disabilities. How far we still have to go is reflected in the fact that additional legislation like the Help America Vote Act is still required to fully implement the promise of full integration, inclusion and participation in the economic, political, social, cultural, and educational mainstream of United States society.

I am very proud to share the accomplishments of IPAS from this past year. This special edition of IMPACT will highlight the growth and continued success of our advocacy efforts. We all eagerly anticipate the challenges of the upcoming year.

Sincerely,
 Kristie Carter,
 Chairperson, Indiana Protection and Advocacy Services Commission

IPAS Timeline

1977 □ The Indiana Protection and Advocacy (IPAS) Commission for the Developmentally Disabled is created. A 13 member Commission is appointed by Governor Bowen. Amy Cook Lurvey is nominated as its first chairperson and Genevieve Riley is named first executive director. IPAS is headquartered at 445 N. Pennsylvania St. in Indianapolis.

1978 □ On November 6, President Jimmy Carter signs a series of amendments extending the Developmental Disabilities Program. An advocate training program is developed. IPAS serves 227 clients.

1979 □ The Federal Health and Human Services Agency and the State Board of Accounts successfully reviews the IPAS Commission.

1980 □ Joint Special Committee of the General Assembly votes unanimously to recommend to the next General Assembly that the IPAS Commission be continued. Training program for nursing home staff begins.

1981 □ Loss of some funding resources force layoff of 40 percent of staff.

1982 □ Work begins to develop pilot project for institutional advocacy at New Castle Developmental Training Center.

1983 □ Genevieve Riley retires as executive director. Later that year, Ramesh Joshi is appointed executive director. IPAS caseload grows to 814 clients.

1984 □ Amendments to the Rehabilitation Act of 1973 require all states to establish a Client Assistance Program (CAP). After a three month pilot program, the full program becomes operational on October 1, 1984.

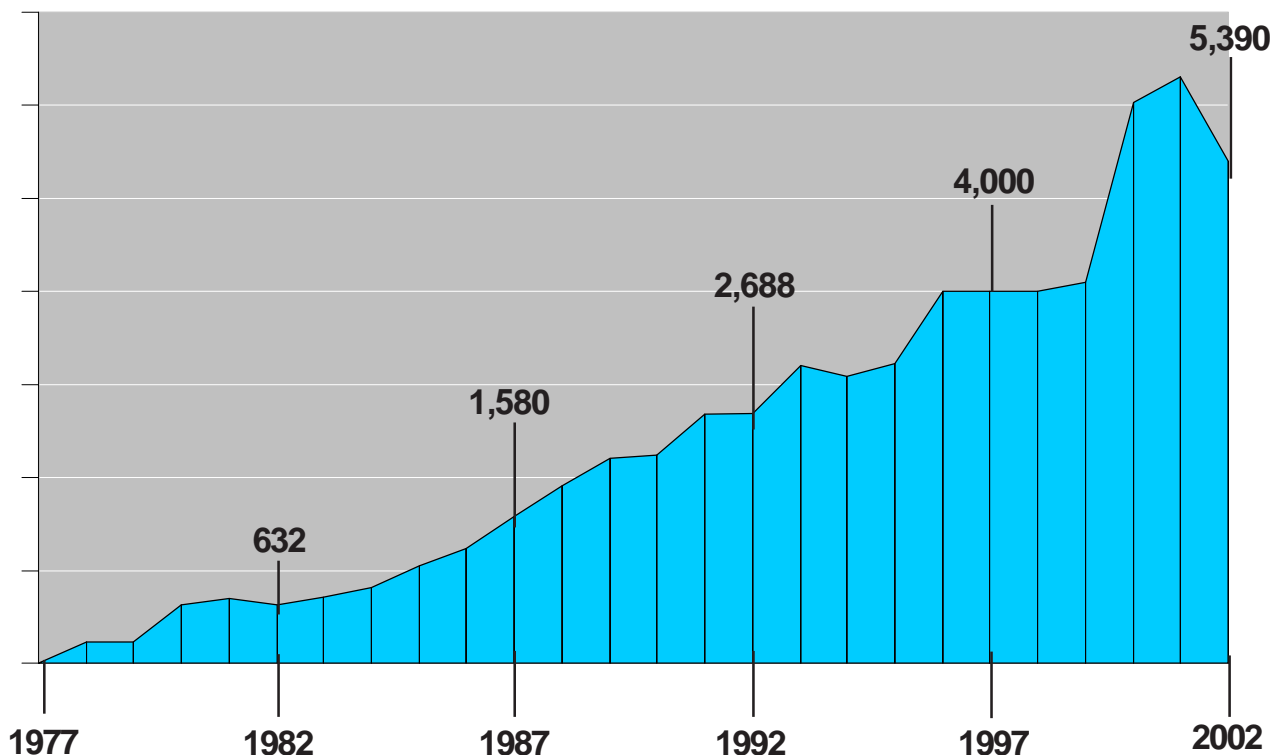
1985 □ IPAS serves over 1,000 clients. The heaviest concentration of complaints from the Developmental Disabilities Program concerns special education.

1986 □ In May, President Reagan signs Protection and

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IPAS over the Years

Total number of individuals represented, information requests and referrals



Advocacy for the Mentally Ill Individuals Act of 1986. The Mental Health Advocacy Program is created to provide these services. Governor Orr signs assurances that Indiana will provide protection and advocacy for individuals experiencing mental illness.

1987 □ Romeshi Joshi retires as executive director. The first Mental Illness Advisory Council is appointed and Carol Van Busen is its first chairperson. Mary Lou Haines is appointed as executive director

1988 □ IPAS continues assigning advocates to assist residents of state hospitals and to work with the Human Rights Committees. IPAS participates in the Mediation Advisory Group to develop mediation in special education.

1989 □ Legal cases almost double. Thirteen system advocacy efforts are undertaken, and IPAS provides services to over 1,900 clients.

1990 □ IPAS successfully initiates a class action suit regarding a smoking ban at Central State Hospital. Department of Mental Health mandates that IPAS receive reports regarding patients deaths, which enable IPAS to conduct death investigations. Americans with Disabilities Act of 1990 signed by President George Bush.

1991 □ IPAS files class action suit challenging Department of Education's age limits for students in special education in residential facilities. Vocational Rehabilitation suspends services and IPAS initiates advocacy efforts to address the issue. IPAS serves 2,675 clients.

1992 □ Closure of Central State Hospital announced. IPAS joins with Legal Services Organization in a class action suit to secure services for children and adolescents with emotional handicaps.

1993 □ IPAS is involved in two class action lawsuits: one to secure public education services for students ages 18 through 21; the other seeking adequate residential treatment facilities for children and adolescents who have emotional handicaps.

1994 □ The Protection and Advocacy for Individual Rights program is added to IPAS services. Pair serves individuals with disabilities not qualified for any other IPAS program.

1995 □ IPAS worked to increase access to mental health services for individuals who are deaf and mentally ill. Also, IPAS worked with Indiana Vocational Rehabilitation to improve vehicle modifications services for individuals with disabilities in order that they might seek and keep employment. Mary Lou Haines steps down as executive director. Thomas

Gallagher is appointed to the executive director position.

1996 □ In February, the first major overhaul of American telecommunications policy in nearly 62 years, the Telecommunications Act of 1996, is signed into law. One of the goals of this historic legislation is to promote the availability of telecommunications services and equipment to people traditionally underserved in telecommunications, including people with disabilities.

1997 □ In June, President Bill Clinton signed into law the reauthorization of the Individuals with Disabilities Education Act Amendments of 1977. IPAS and ATTAIn, Inc. offer a free training session for speech language professionals that prepare prior approval requests for alternative and augmentative communication devices.

1998 □ During the reauthorization of the Assistive Technology Act, the funding is changed to give direct appropriation to IPAS agencies. The new law guarantees \$50,000 grant to each state to serve individuals with disabilities who use or could benefit from assistive technology services and devices.

1999 □ The disability community launched an effort to pass the Ticket to Work and Work Incentive Act, which would assist beneficiaries of Social Security in returning to work. Protection and Advocacy for Assistive Technology (PAAT) program is added to IPAS services. The Supreme Court ruled in *L.C. & E.W. vs. Olmstead* that unjustified institutionalization of people with disabilities amounts to discrimination under Title II of the Americans with Disabilities Act (ADA). It suggested community-based services as a possible alternative.

2000 □ The total number of IPAS clients served crosses the 6,000 mark.

2001 □ Protection and Advocacy for Beneficiaries of Social Security (PABSS) program is added to IPAS services. Congress passes the Children's Health Act. Two important provisions for the IPAS system are included in that law. First the PAIMI program is expanded to cover individuals with mental illness in the community. Secondly, Congress authorizes a new IPAS system for people with traumatic brain injury.

2002 □ A Governor's commission is formed to ensure that Hoosiers who are institutionalized, or at risk of being institutionalized, can live as independently as possible in their homes or communities. Every beneficiary of either Social Security Disability Insurance or Supplemental Security Income in the state of Indiana is mailed a paper "Ticket," which allows the beneficiary to choose rehabilitation and related services from any approved employment network in the state of Indiana. IPAS celebrates its 25th year, having served over 150,000 individuals.

IPAS community outreach efforts continue to grow

In its 25th year, Indiana Protection and Advocacy Services continues to prove its value to the state and the hundreds of people who use the IPAS programs.

From 2001 to 2002, the number of cases IPAS handled rose about 2.5 percent to 746, and although the number of inquiries and referral services experienced a slight drop-off, the number of hits on the IPAS website grew by 86 percent, exceeding 112,000.

Located at www.IN.gov/ipas, the site strives to provide visitors with information about scheduled events, IPAS priorities, links to other resources and specific information

about disability rights and IPAS programs. But that's not the only place individuals and organizations could receive information about IPAS.

Continuing its efforts to comply with requests for speakers to address such topics of concern as patient/resident rights, confidentiality, housing, Americans with Disabilities Act and other areas of interest, which affect individuals with disabilities, IPAS participated in over 100 presentations and events reaching more than 7,500 people.

Beyond standard presentations, there were also specialized sessions within conferences, workshops and

meetings and information booths at various state-wide consumer and professional conferences.

In a continuing attempt to reach minority and underserved populations, representatives of IPAS attended statewide conferences and provided training and disseminated information and answered questions at exhibition booths.

Also, the PABSS and CAP brochures were produced in both Spanish and Braille and have been distributed to various organizations including all Vocational Rehabilitation Services offices in all 92 counties in Indiana.

Message from Tom Gallagher, Executive Director

The staff of Indiana Protection and Advocacy Services is proud of their twenty-five years of providing advocacy services to individuals with disabilities, their families and advocates working towards increased inclusion, integration and independence. Looking back to 1977, it is vital to review and remember the purpose that Congress outlined when creating the Developmental Disabilities Assistance and Bill of Rights Act.

Congress finds that – disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to live independently, to exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of the United States society. These findings guide and direct our advocacy efforts. While advancement has been made, we are reminded everyday – through calls for assistance – that discrimination exists. Integration and inclusion opportunities have increased, but the promise of full participation in the mainstream remains, for too many, a dream.

In 1977, Congress laid one of the cornerstones for dis-

ability rights with the Developmental Disabilities Assistance and Bill of Rights Act. Subsequent action has resulted in the expansion of disability rights to include individuals seeking or receiving rehabilitation services, individuals experiencing mental illness and, finally, to any person with a disability as described under the Americans with Disabilities Act.

While we are limited by resources, congressional action has resulted in an increase of those resources to focus on assistive technology, issues that arise with the implementation of the Ticket to Work through Social Security, expansion to include individuals with traumatic brain injuries, and advocacy to increase access to our most basic right and responsibility – the polling place.

IPAS' dedicated staff members are aware of the history and proud of the part they have played in the advancement of disability rights. We are pleased about our efforts to continue to empower consumers, families and advocates as they seek to gain full participation. We intend to continue our work and complete our mission: "To Protect and Promote the Rights of Individuals with Disabilities through Empowerment and Advocacy."

Protection and Advocacy for Developmental Disabilities

PADD 2002 Annual Report Highlights

PADD Highlights

IPAS participated on the Community Residential Facilities Council in the development of new provider standards concerning supported living services and supports for individuals with developmental disabilities.

IPAS representatives were actively involved on committees that worked to establish the South East Regional Services Center (first of seven services centers being developed in Indiana). These service centers will help establish continuity of care for individuals with disabilities.

Representative cases illustrate PAIMI's function

IPAS advocates for community placement, ensures representation in expulsion for student

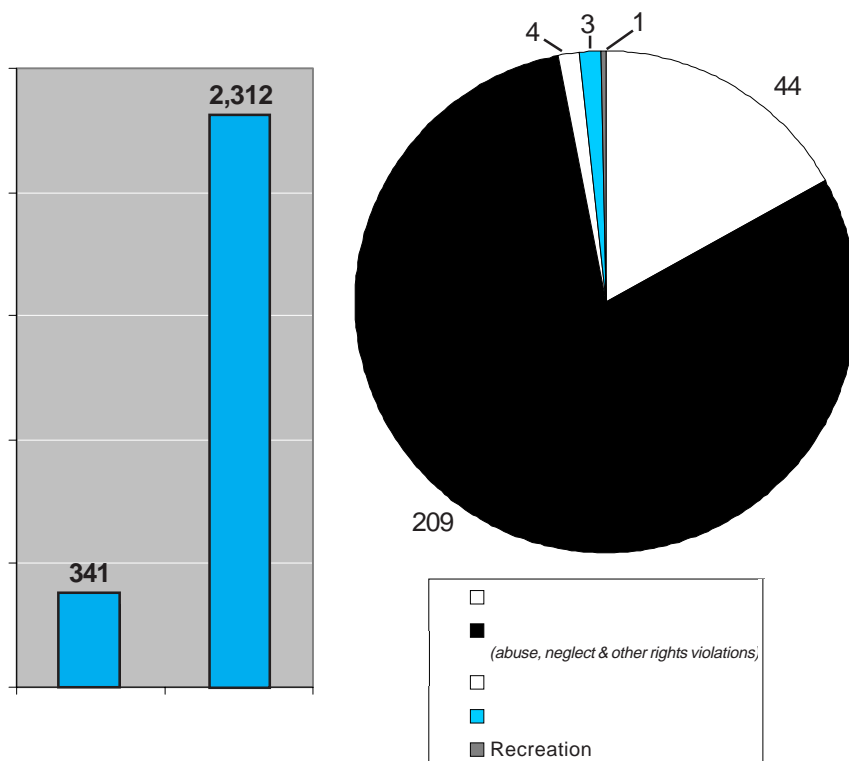
"Bart's" father contacted IPAS on behalf of his twenty-five year old son, who had just been found eligible for services through the Bureau of Developmental Disabilities Services (BDDS). The father contacted IPAS because he felt BDDS was not actively trying to find placement for his son. IPAS found that the son had a history of behavioral issues. As a result, BDDS was delayed in finding a suitable placement for him under the Medicaid Waiver program. IPAS

monitored the situation and BDDS found an appropriate placement.

"Jim," a special education student was caught stealing property at school and was reported to the police. Since this was a repeat offense, Jim was placed on probation. Although the vice-principal admitted that the behavior was disability-related, special education personnel were not included in the discussion. Jim was to be expelled. Through IPAS involvement special education staff, as well as the probation officer, attended the expulsion meeting. The Individual Education Plan was revised to meet the student's needs and the probation officer dropped the probation.

PADD's Numbers

The number of individuals represented and inquiries handled are represented in the chart to the left. To the right, the problems brought to PADD are displayed. These are based on closed cases.



Protection and Advocacy for Individuals with Mental Illness

PAIMI 2002 Annual Report Highlights

Representative case illustrates PAIMI's function

IPAS advocates for review determine if medications were causing side effects

"Christie" contacted the agency with concerns that the Comprehensive Mental Health Center was not being responsive to her concerns that she was experiencing side effects from the prescribed medications.

Instead, she reports that staff were making negative and retaliatory comments regarding her complaints. IPAS negotiated with the CMHC to change her primary case manager.

Once this was completed, IPAS then advocated for a complete review

of her prescribed medications and a physical exam to determine the extent to which, if any, of the side effects that the client was alleging might be present. With the change, the client reported that the new case manager was more responsive to her concerns and exhibited a more professional manner and that her medication concerns were being addressed in a manner that was acceptable to her. Thus, the client was content to remain in the program and indicated that she was actively participating in the treatment plan as developed, including medications, and was no longer threatening to discontinue her medications unilaterally.

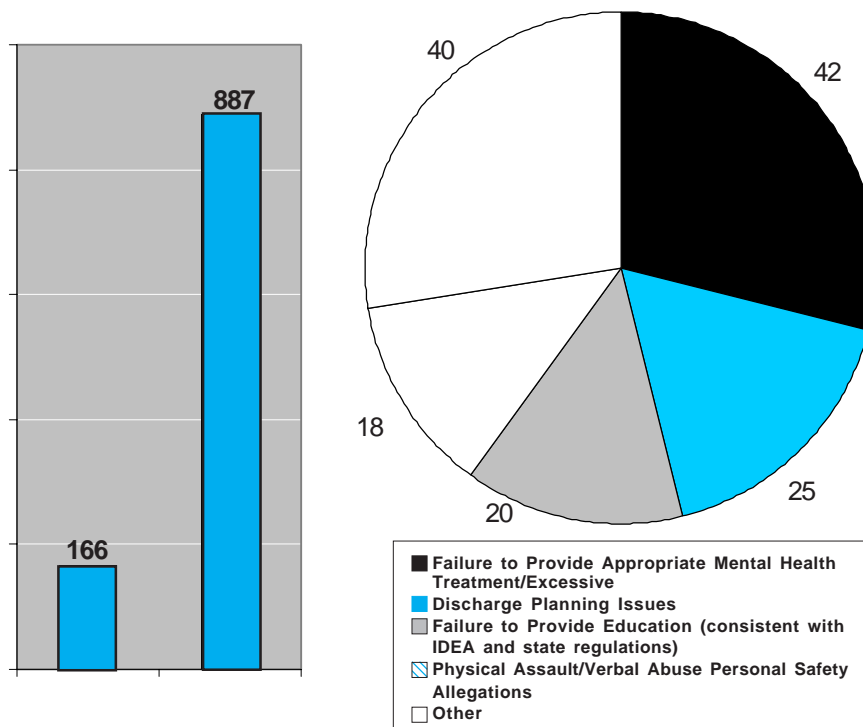
PAIMI Highlights

IPAS assisted in the creation of a highly successful Police Crisis Intervention Team program in Fort Wayne. Its success has helped clear the way for the planned implementation of a similar program in Indianapolis in the future.

IPAS developed and disseminated 1084 training/information packets to the state's public defenders to address weaknesses identified through the IPAS/PAIMI Criminal Justice/Public Defender Survey (January 2000). Packets contained the "Primer for Public Defenders, Representing Individuals with mental illness". IPAS hopes that by providing this educational material, it will assist public defenders in providing improved representation of individuals with mental illness who either face civil commitment or criminal justice actions.

PAIMI's Numbers

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Glimpses of IPAS

DARCY AND INDYGo

“Darcy” is a forty six-year-old woman with a traumatic brain injury. She has difficulty with balance, which impacts her ability to walk. At the time of her first contact with IPAS, Darcy utilized IndyGo for her transportation needs. Darcy contacted IPAS with the complaint that IndyGo drivers routinely failed to pick her up at the south door of LaRue Carter Hospital, despite her request that the south door be her pick up point. The south door is closest to the clinic that she attends. Drivers would go to the north door, then mark Darcy as a no-show when she wasn’t at that door. Darcy com-

plained to IndyGo and was informed by a supervisor that drivers cannot pick her up at the south door, because they are not allowed to operate vehicles in reverse. Darcy stated that she witnessed drivers operating in reverse for other pickups.

The IPAS Advocate contacted IndyGo on behalf of Darcy. After IndyGo reviewed her file, a new application was completed with the south door being the drop off/pick up location. Darcy is now being dropped off and picked up at the south door.

MINDY AND ASSISTIVE TECHNOLOGY

IPAS staff represented “Mindy,” a resident of a large Intermediate Care Facility (ICF) in north-central Indiana. Mindy’s guardian contacted IPAS expressing concern that her assistive technology needs were not being met. Mindy had been assessed as needing a new molded insert for her wheelchair. The insert had been ordered but had not been received. Facility staff had not inquired as to the delay. After IPAS intervention, the resident did receive her wheelchair insert. The wheelchair was

also fitted with a reclining mechanism to assist in positioning. The IPAS advocate was also concerned that sleeping position compromised her breathing and/or circulation due to lack of adequate support. Mindy was provided with a bed that was adjustable with head and foot placement, providing adequate support while she slept.

MIKE AND VRS

“Mike” had applied for Vocational Rehabilitation Services (VRS) and received the needed diagnostics to assist in job placement. Mike’s case, however, failed to move forward at VR for over six weeks.

The CAP advocate intervened and discovered that Mike’s VRS counselor had been on “leave” for six weeks allowing his case to languish on her desk. The CAP supervisor contacted the Regional VRS Manager regarding VRS’ policy or procedure in regards to maintaining case activi-

ties when one of the counselors takes a leave from the office. The CAP advocate insisted that the VRS counselor prioritize Mike’s case so that he could find employment as quickly as possible. Mike had unexpectedly been “laid off” from his previous job and his finances were becoming critically low due in part to the delay in services. Mike’s case was prioritized by VRS and he is currently receiving job-coaching services.

The names in this article have been changed to protect the identity of the individuals involved. These cases have been followed up on to ensure that the individuals and agreements are being followed through. In 2002, IPAS reported that it had handled over 4,600 cases.

services in action

TERRY AND VRS

“Terry” was an individual with partial paralysis due to an orthopedic impairment. She was receiving services from Vocational Rehabilitation Services (VRS) to allow her to return to work.

Specifically, Terry needed VRS to assist her in paying for a van modification. Terry had developed and received approval for a plan for achieving self-support (PASS) to allow her to put aside her Social Security Disability Income (SSDI) benefits into an account to pay for the purchase of a van.

The “sheltering” of Terry’s SSDI benefits into the PASS plan allowed her to become eligible for Supplemental Security Income (SSI). Terry was also found to be eligible for Medicaid. Indiana is a “209(b)” state meaning that they have established more restrictive criteria for Medicaid eligibility than what is required by the Social Security Administration.

Terry had saved \$2,700 toward the purchase of her van. Unfortunately for Terry, Indiana Medicaid counted her PASS plan as income and notified her of an impending spend down action because she had assets above the accepted level of \$1500.

IPAS was able to guide Terry and provide her with two options that would allow her to continue to save her benefits toward the purchase of the van. The first option involved receiving permission from the PASS Cadre in Chicago, Illinois to take the funds currently in the PASS plan and utilize them as a down payment on a van.

The second option for Terry involved her working a few hours a week thereby allowing her to become eligible for “Medworks,” the Indiana Medicaid buy-in program. Terry was able to keep her PASS plan as well as the funds she had saved toward the purchase of a new van.

MARTINA AND THE STATE OPERATED FACILITY

The husband of “Martina” called IPAS with concerns that both the SOF and Comprehensive Mental Health Center (CMHC) were denying him visitation with his wife.

Martina was a 30 year-old female with a diagnosis of schizophrenia who had been hospitalized for less than a year.

There had been numerous unsubstantial allegations from family members about the husband’s actions toward the client.

Thus, the treatment team had taken the precaution of limiting home visits with the husband to a single monthly visit.

Past visits had gone without prob-

lems, but the current concern was regarding the upcoming holidays.

IPAS-PAIMI negotiated for the provision that additional visitation times on major holidays depended on the client’s condition. In this circumstance, the SOF agreed to provide the cost of an area hotel room to allow for a two-day and one night visit for the client and her husband. The facility has further agreed to consider this change in visitation policy for any other resident with a spouse living at a great distance and who has unreliable transportation, on a case by case basis.

The client was subsequently discharged to a group home in her husband’s community.

These cases have been the anonymity of the client. been closed, but in many up to ensure that the rule- are being honored. presented 746 individuals 00 inquiries.

Protection and Advocacy of Individual Rights

PAIR 2002 Annual Report Highlights

PAIR Highlights

IPAS obtained budget agency approval to use PAIR funds to carry out two collaborative efforts with the Brain Injury Association. IPAS assisted in restoring the Association's toll-free information and referral service for individuals with brain injuries and their families. In addition IPAS served as a co-sponsor for the annual Indiana Brain Injury Association Conference.

Representative case illustrates PAIR's function

□ "Jane" experiences inaccessibility issues while attempting to enter Wal-Mart

"Jane" is an individual who uses a wheel chair resulting from post-polio. Jane contacted Indiana Protection & Advocacy Services (IPAS) with concerns about the inaccessibility of a Wal-Mart store in New Castle.

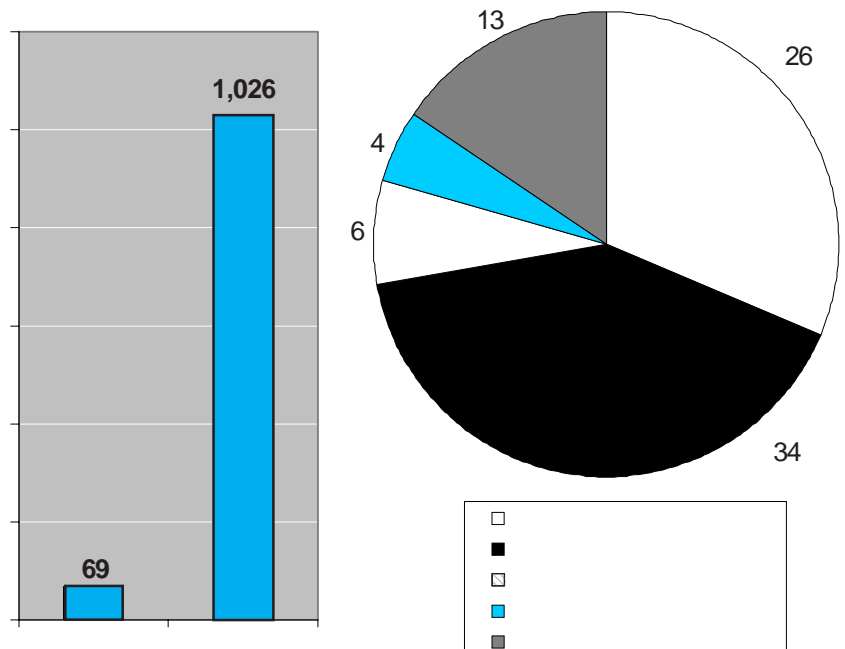
Her complaint was that the entry doors were too heavy to be opened by individuals with mobility or other physical impairments. While Wal-Mart has employees near the entrance, they are located inside the store. If assistance is required, there was no way to alert someone inside the store. An individual with mobil-

ity issues could not access the store without assistance from passers-by or by bringing an assistant to the store.

IPAS conducted an on-site review of the Wal-Mart in question and verified that the branch was in violation of the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities regulations and state statutes. IPAS contacted the Wal-Mart Corporation. The corporate attorney sent a letter to IPAS stating that he felt the store was compliant with the ADA. The entry doors at the Wal-Mart in question were adjusted to create a lighter pull. He assured IPAS that there is a plan to replace Wal-Mart Stores with Super Wal-Mart Stores and that these Super Wal-Mart Stores will have automatic doors.

PAIR's Numbers

The number of individuals represented and inquiries handled are represented in the chart to the left. To the right, the problems brought to PAIR are displayed. These are based on closed cases.



Client Assistance Program

CAP 2002 Annual Report Highlights

Representative cases illustrate CAP's function

"Libby" requested CAP's assistance with the purchase of a computer and tape recorder as well as transportation services to assist in her educational pursuit of procuring a Medical Laboratory Technician certification.

Further, Libby stated that the communication with her Vocational Rehabilitation (VR) counselor had broken down and she was requesting a new counselor. The CAP advocate investigated the situation by speaking with Libby as well as her counselor and reviewing records. The CAP advocate facilitated a meeting between all parties allowing for dialogue to resume again. Libby agreed that she could continue to work with her VR counselor. VR agreed to provide transportation for Libby and agreed

to purchase the tape recorder. VR and Libby agreed that the need for a computer would be revisited in the future.

"David" contacted CAP to help collect rent money promised through VR. David was pursuing a college degree and VR was paying his rent while he completed his coursework. However, due to a backlog of claim vouchers within VR, David's rent had not been paid for three months and he was in danger of being evicted by his landlord. The CAP advocate contacted David's VR counselor as well as the VR Claims Office to advocate for quicker processing of his rent. VR expedited the rent payment and David was able to continue living in his apartment while attending school.

PAIR Highlights

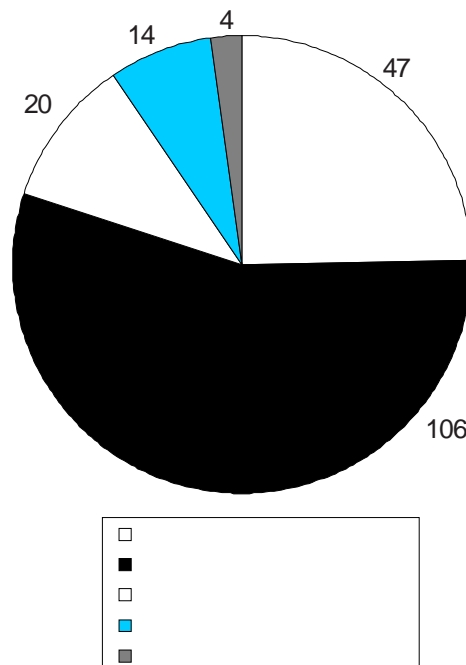
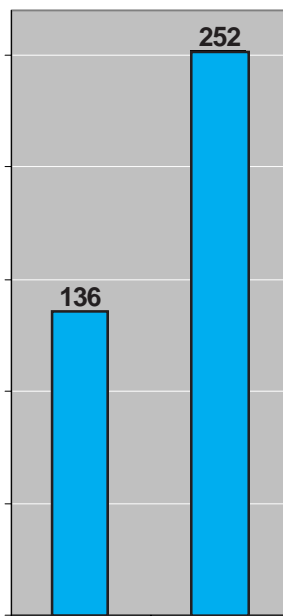
During this year of leadership changes in VR, CAP worked cooperatively with VRS to help maintain VRS' focus on client choice and client rights throughout the vocational rehabilitation process.

CAP has and continues to participate in VRS' Total Quality Improvement (TQI) process.

CAP also provided input into a new VRS brochure that will include information regarding the transition from school to work for high school students and their families.

CAP's Numbers

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The problems brought to CAP are listed in the chart to the right.*



Protection and Advocacy for Beneficiaries of Social Security

PABSS 2002 Annual Report Highlights

PABSS Highlights

IPAS announced the addition of a sixth federal grant program "PABSS" this year. Beneficiaries of Social Security Disability Insurance and Supplemental Security Income in the state of Indiana were mailed a "Ticket to Work". This "ticket" allows the beneficiary to choose rehabilitation and related services from any approved employment network. IPAS can assist beneficiaries with issues or concerns that might arise during their involvement with the chosen employment network.

Outreach activities are being conducted by means of formal presentations at schools and an array of community service organizations that serve SSA beneficiaries with disabilities. Flyers and brochures are being distributed. Diverse ethnic and racial populations have been targeted. Specifically out-reach began to African American, Latino, and Amish Communities, Mental Health communities, as well as 30 Comprehensive Mental Health Centers, eight independent living centers, employment networks and secondary schools.

Representative case illustrates PABSS's function

■ Medicaid buy-in alleviates the fear of losing medical insurance

"Cathy," who is an individual with a visual impairment, was working part-time with the goal of achieving full-time employment and no longer being dependent on Social Security (SS) cash benefits.

During the process of attempting to earn at and above substantial gainful employment (SGA), her Social Security cash benefits as well as those of her children were unexpectedly stopped, placing the family in financial distress.

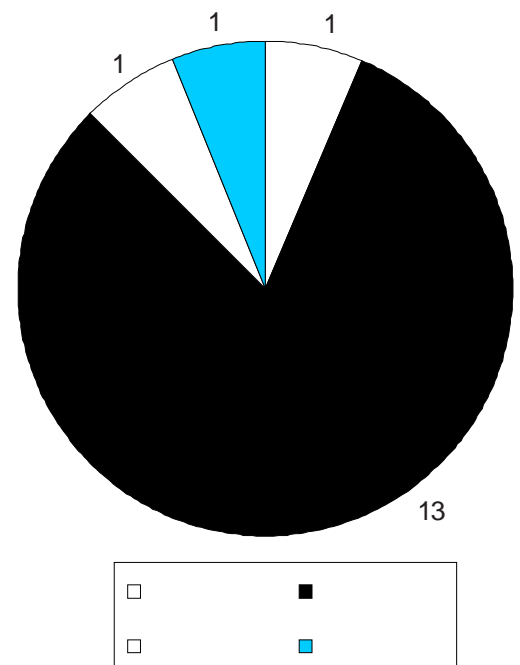
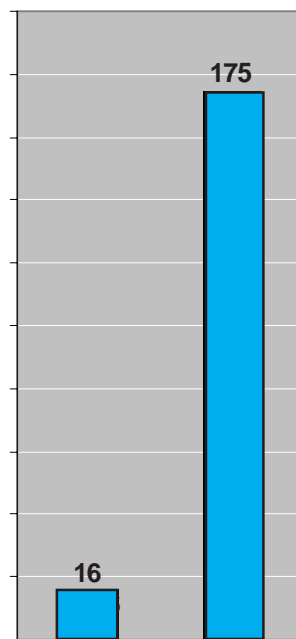
Cathy called Indiana Protection and Advocacy Services to assist her in regaining her SS cash benefits. The advocate specialist began by contacting the local SS office.

When the local Social Security Administration office told the PABSS advocate specialist that they were unable to assist with Cathy's problem, the PABSS advocate specialist called the federal SS office in Baltimore, Maryland.

SS officials in Baltimore found that Cathy's file had been mistakenly closed and placed into storage. Cathy's benefits as well as those of her children were reinstated due to IPAS's intervention.

PABSS's Numbers

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Protection and Advocacy of Assistive Technology

PAAT 2002 Annual Report Highlights

Representative case illustrates PAAT's function

IPAS filed a lawsuit challenging the Office of Medicaid Policy and Planning (OMPP), which denied Medicaid coverage for a device that the treating physician found to be necessary to the applicant's medical care and treatment. This case involves a three year-old boy born with cerebral palsy and spastic quadriplegia. His treating physician felt it was essential for the physical and psychological well-being of this child that he be provided with a power wheelchair while attending developmental pre-school.

The reviewing "medical consultant" at the Office of Medicaid Policy and Planning concluded that a power wheelchair is "not indicated at this

time." Rather, OMPP ruled that the school staff can physically carry him from work station to work station, as well as out to recess. This decision ignored the recommendations of the treating physician, and relied, instead, on the findings of an unnamed "medical consultant" employed by their office. The "medical consultant" did not examine or even meet the applicant in person. It was IPAS' legal opinion that the treating physician was best qualified to determine whether a particular service or device is medically necessary to the medical treatment of that person. As the result of IPAS interventions, Medicaid agreed to provide the wheelchair.

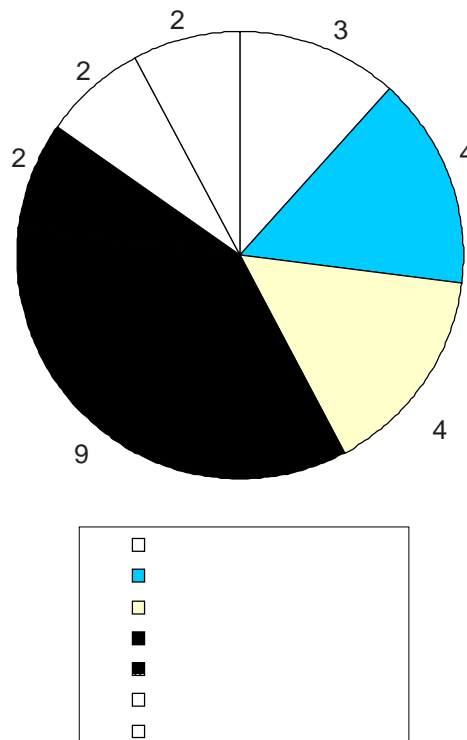
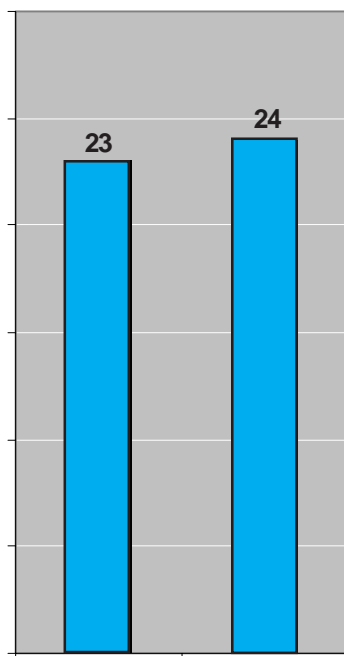
PAAT Highlights

IPAS participated in the state level Assistive Technology Standards Group. The group was charged with the responsibility of developing policies and guidelines for the state's compliance with section 508 of the federal Rehabilitation Act of 1972 (29 U.S.C 749d) as amended which assures that governmental services and technology will be accessible to individuals with disabilities. A new group has been created to monitor and assist in resolving questions and issues arising in the implementation of the state's 508 policies.

IPAS web site is fully accessible and meets "BOBBY" guidelines for information technology access.

PAAT's Numbers

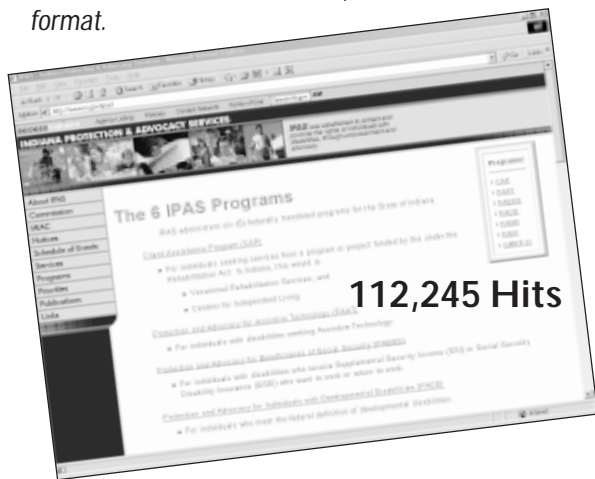
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Education and Training Services

IPAS Website (www.in.gov/ipas)

The redesigned IPAS website offers information about the various IPAS programs, links to other organizations, contact information, upcoming meetings/events and the most current issue of IMPACT, which is available in PDF format.



Media Relations (interviews/clips)

- Clay City News – two clips on Jan. 23
- Salem Democrat
- Daily Ledger (Noblesville) clip on Jan. 19, “Plan Helps Those with Disabilities.”
- Evansville Courier and Press – included news story on new commission members
- WTWO –TV (Terre Haute) – taped interview in January for news segment
- WLFI-TV (Wes Lafayette) – appearance request for noontime live news show, to be rescheduled
- WTPI-FM/EXNT-AM (indpls) – interview by Gary Hummel for his various news radio shows
- Paralyzed Veteran’s Association Publication contained a small clip regarding IPAS services
- Karen Pedevilla, Education and Training Director was interviewed for an article that was published in a national magazine March 2002. The article “Climbing Mountains”, that appeared in Advance for Directors in Rehabilitation was regarding getting assistive technology for children with disabilities.

Also, the newsletter IMPACT was published three times in 2002. Statewide distribution through mailing and conferences was over 18,000.

Relationships with other agencies

Relations with other agencies are enhanced by IPAS participation on multiple inter-agency committees, councils and task forces. The following is a sample of IPAS inter-agency participation and cooperative efforts:

- Indiana Governor’s Planning Council for People with Disabilities
- Indiana Institute on Disability and Community
- Governor O’Bannon’s Office
- The Governor’s Commission on Home and Community Based Services
- Family Social Services Administration
 - The Division of Disability Aging and Rehabilitative Services
 - DDARS/BDDS, Waiting List Steering Committee
 - Provider and Case Management Standards Committee
- Vocational Rehabilitative Services
 - Indiana State Rehabilitation Commission
 - Policy/Procedure Committee
 - State Rehabilitation Council
 - VR Results Based Funding Committee
 - VR School to Work Grant Funded Projects Committee
 - VR Results-Based Funding Committee
 - VR School to Work Grant Funded Projects Committee
- Department of Mental Health and Addictions
- Indiana Consortium for Mental Health Services Research
- Mental Health Association of Indiana
 - Public Policy Committee
 - Mental Health Cooperative Committee
- State Chapter of the National Alliance for the Mentally Ill
- Fort Wayne Chapter of National Alliance for the Mentally Ill
- National Association of Protection and Advocacy Systems
- Marion County Mental Health Association
 - Adult Guardianship Committee
- Inclusion/Special Needs Task Force
- Public Defenders Council
- Adult Protective Services
- The Southeast Regional Services Transition Council
- Indiana Department of Education
- Statewide Transition Stakeholders Conference Committee
- Indiana Council of Independent Living Centers
- Medworks Implementation committee
- ADA State Steering Committee
- INDOT Sec. 16 Grant Review Committee
- COVOH
- Marion County Mobility Transit and Advisory Committee
- Assistive Technology Standards Group/ Dept. of Administration
- Key Consumer Organization
- Developmental Disabilities Residential Facilities Council
- Social Security Administration

Indiana Protection and Advocacy Services

IPAS Commission

Patricia L. Andersen*
Lake

Vicki Conlin (*Secretary*)
Clark

Kristie M. Carter* (*Chairperson*)
Marion

Lisa Floyd
Madison

Marla Green-Van Winkle
Warrick

Veronica Macy* (*Vice Chairperson*)
Hamilton

Gary May
Warrick

Melanie Motsinger
Allen

Kathy Osborn
Marion

Dr. William Riggs
Hancock

Alan Spaulding
Blackford

Cecilia Weber
Tippecanoe

One Vacancies

Advisory Members

Senator Robert N. Jackman, D.V.M.
Decatur, Fayette, Franklin, Rush, Shelby

Representative John J. Day
Marion

IPAS Mental Illness Advisory Council

(Three vacancies)

Pablo Garcia Jr.*
Howard

Merrill Grile* (*Vice Chairperson*)
Madison

James F. Hurst* (*Secretary*)
Howard

Pamela McConey*
Hamilton

Ron Riggs*
Howard

Cecilia Weber* (*Chairperson*)
Tippecanoe

Eric Wright, Ph.D.*
Marion

Staff Positions

Executive Staff

Thomas Gallagher
Executive Director

Milo Gray Jr.
Legal and Client Services Director

Gary Richter
Support Services Director

Support Services Division

Joyce Cook
Secretary

Anthony Liggins
Data Entry

Elizabeth Najar
Program Specialist

Karen Pedevilla
Education/Training Director

Sondra Poe
Administrative Secretary

Lori Sanders
Account Clerk

Judith I. Wade
Fiscal Officer

Client and Legal Services

Debra Dial Attorney
PAIR Program Coordinator

Gary Ricks Attorney
PAAT Program Coordinator

Sue Beecher
Assistant Director of Client Services
PABSS /CAP Program Coordinator

David Boes
Assistant Director of Client Services
PAIMI Program Coordinator

Dee Enrico-Janik
Assistant Director of Client Services
PADD Program Coordinator

Vivian Bradley
Advocacy Specialist

Donna Dellinger
Advocacy Specialist

Debbie Dulla
Advocacy Specialist

Candace Fegley
Advocacy Specialist

Doug Goepfner
Advocacy Specialist

Bonnie Kirk
Advocacy Specialist

Angela R. Meade
Advocacy Specialist

Peggy Owens
Advocacy Specialist

Amy J. Penrod
Advocacy Specialist

Debra Thomas
Advocacy Specialist

Daniel Ward
Advocacy Specialist

Terry Whiteman
Advocacy Specialist

Cathy Wingard
Advocacy Specialist

*Gubernatorial appointment

Member Recruitment

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of the disabled and the mentally ill.

Commission members must have a commitment toward promoting the legal and civil rights of persons with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own personal choices.

The IPAS Commission consists of 13 members, of which the Governor appoints four, and the remainder is appointed by the majority vote of the membership.

The Mental Health Advisory Council consists of 10 members appointed by the Governor. Members serve four-year terms.

For more information, call the Protection and Advocacy System for Indiana at (317) 722-5555.

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